



TEXAS DEPARTMENT OF HEALTH
Bureau of Emergency Management
EMS PERSONNEL CERTIFICATION APPLICATION
INITIAL ECA OR EMT

For TDH Use Only **ZZ100-160**

Receipt # _____

Date _____

Amount _____

See attached **Privacy Notice**. All information given on application is considered public record, with exception of social security number* and driver's license number.

TESTING INSTRUCTIONS:

- Course certificate must be processed before you schedule for NR exam
- Check your test eligibility at: 160.42.108.3/ems_web/blh_html_page1.htm
- DO NOT send your course completion certificate. We will only accept course completion rosters from course coordinators. You must hold NR to become eligible for state certification.
- Volunteers not exempt from NR fee
- NR app & fee required, in addition to state app & fee
- NR app & \$20 money order collected at test site
- **APPLICATION SUBMISSION:** Application processing takes approx 3 weeks. We recommend you submit your application after you complete your course and prior to taking the exam. Submit this application and fee payment, if not exempt, to:
- NR fee is repeated if retest is required
- Schedule NR exam with public health region office www.tdh.state.tx.us/hcqs/ems/regions.htm
- Additional instructions at: www.tdh.state.tx.us/hcqs/ems

Texas Department of Health
Attn: ZZ100-160 EMS
1100 West 49th St.
Austin, TX 78756-3199

Applicants with current NR, see National Registry to Texas Certification in Section 5.

Section 1 - Personnel Data TYPE OR PRINT IN BLACK INK

Print Last Name	First Name	Middle Name	SS# * or Texas EMS ID #
Mailing Address: Street, Apartment Number or P O Box			
City		State	Zip
()		()	
Home Phone (include area code)	Business Phone (include area code)	County	
()			
Date of Birth (MM/DD/YY)	Driver's License Number (include State)		
Have you achieved a high school diploma or GED? <input type="checkbox"/> No <input type="checkbox"/> Yes Texas Education Agency accredited public or private school. Home schools must have accreditation from TEA or acceptance into a regionally accredited college. If out-of-state, state equivalent is required.			
*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.			

Section 2 - EMS Employment Information

List all licensed EMS Firms &/or registered First Responder Organizations for which you work/volunteer, use additional sheet if needed:

Name of Firm	Address	City, State, Zip	Volunteer or Paid**
_____	_____	_____	_____
_____	_____	_____	_____

**Fee exemption is allowed ONLY if you volunteer exclusively. Complete Section 3 - Volunteer Sign-off below, if applicable.

Section 3 - Volunteer Sign-Off - Complete if applicable.

This section to be completed by EMS provider or FRO administrator

This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, which is a TDH **licensed** emergency medical services provider or a TDH **registered** first responder organization (FRO), and does not receive compensation*** for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any other organization in return for compensation***, other than reimbursement as described below.

I have explained to the candidate that if during the certification period, the candidate begins to receive compensation*** for providing emergency medical services, from any organization, the exemption is inapplicable and the candidate shall send to the department an application and a prorated fee.

Signature of provider or FRO Administrator	Print Signed Name
***Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.	
Provider or FRO Name and City:	
TDH License or Registration Number:	
Phone:	

Section 4 - Application Level - Check one

☐ ECA☐ EMT

Section 5 - Application Type - Check appropriate box and list required information.

- ☐ **Initial Certification:** Needs to take National Registry exam. Completed Texas-approved initial course within past two years. Submit this application with fee, if not exempt. Your Texas course coordinator will submit your course completion document to our office. You must complete all requirements, including passing the National Registry exam within two years of course completion date. Follow Application and Testing Instructions on page 1.

Texas course number: _____ **Course completion date (month/year):** _____

- ☐ **National Registry to Texas Certification:** Candidate for initial Texas certification with current NR credentials. Submit this application with fee, if not exempt. Follow Application Submission instructions on page 1.

National Registry card number: _____ **National Registry expiration date:** _____

Course number: _____ **Course Completion date (month/year):** _____

Course location (list city and state): _____

Section 6 - Fees - Mark the appropriate box. Make fee payment payable to: **Texas Department of Health.** Send check or money order. **Do not combine fee payments** for Texas Department of Health, National Registry and EMS Magazine subscription. Do not send cash. Fees are NOT refundable. Volunteers are exempt from fees, except Magazine fees. Magazine subscription form on page 3.

☐ ECA or EMT - \$50☐ **Other** (volunteer-to-pay, etc.): Explain- _____☐ **None:** Explain- _____

Section 7 - Criminal History Information - Everyone must complete.

Failure to report convictions and/or provide accurate information may result in disciplinary action against your Texas EMS personnel certification. We intend to take disciplinary action when criminal history information is omitted, either willfully or inadvertently. If you are currently under supervision (probation) for a criminal offense for which you believe you have not been convicted, please disclose this information below.

Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor? ☐ No ☐ Yes

If yes, complete below.

Provide the following information for **all** felony and/or misdemeanor offenses, excluding minor violations, e.g. speeding, parking (NOTE: DWI/DUI **must** be reported). Include any conviction(s) currently on appeal. For multiple offenses, use additional sheet(s). It is your responsibility to ensure that all information/documentation is attached with this application, e.g. court judgement(s), condition(s), of probation, if appropriate.

Indicate offense(s) committed & court case/cause number(s): _____

Date(s) of conviction(s): _____ Sentence(s): _____ Fine(s): \$ _____

City, County and State where offense(s) committed: _____

List other names you have used (e.g. alias, married/maiden, etc.) _____

Are you/were you on probation/parole? ☐ No *or* ☐ Yes Projected discharge date: _____ Discharge date: _____

Has your criminal history previously been evaluated by TDH? ☐ No *or* ☐ Yes When: _____ If yes, have you committed any criminal offenses, or has the court taken any actions against you since the evaluation? ☐ No ☐ Yes

Section 8 - Signature and Date

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification or decertification.

Signature of Applicant: _____

Date: _____

PRIVACY NOTIFICATION:

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Because of different budget numbers, you must make separate checks for your certification application and for the magazine. Include both checks with your application packet and mail to: Texas Dept of Health, Attn: ZZ100-008 EMS, 1100 West 49th St., Austin, TX 78756-3199.

Or, for faster magazine service, mail subscription form with magazine check separately to: TDH-EMS, PO Box 149200, Austin, Texas 78714-9200.

For TDH Use Only

ZZ 100-008

Receipt # _____

Date _____

Amount _____

Texas EMS Magazine

Subscription Form

\$25 for 2 years

\$45 for 4 years

Your point of contact with the agency that regulates Texas EMS - taking state and national EMS issues and answers to emergency medical services professionals serving in every capacity across Texas.

Amount Enclosed \$_____ for 2 or 4 (circle one) year subscription
ZZ 100-008

____ New subscription

____ Renewal subscription

Fill in name and address and mail along with payment.

Please enter my subscription (please print)

Name _____

Address _____

_____ Zip _____

Make check or money order payable to:

Texas Department of Health -- ZZ 100-008

(Please write magazine budget number ZZ 100-008 on check)